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Prepurchase examination - Liability Release Agreement

The liability of the veterinarian in relation with the prepurchase examination

of the horse O'Hara DV

on behalf of

at the date of 20/12/2021

is governed by the statutory provisions.

The scope of liability is restricted on the sum of liability, which is specified in this prepurchase examination contract of the "TS Pferdepraxis".


The sum of liability for the examined horse (specified by the purchaser) is _____ Euro.

Claims by the client become statute-barred at the end of 24 months from the date of the examination.

Biwier ,
(Place)

20/12/2021
(Date)

(Client or legal representative)


(Veterinarian)

Prepurchase examination record

Client

Veterinarian

Buyer Seller

Name	Dr. Thomas Stöckl
Street	44 Grand-Rue
City	L-6630 Wasserbillig
Phone	+352 691469880
E-Mail	info@pferdepraxis.lu

Third person

Buyer Seller

Name	Place and date of the examination
Street	Biwer 20/12/2021
City	Persons present
Phone	
Phone 2	
E-mail	

Examination requirements

suitable not suitable

Reasons:

Examination coverage

- General Physical Examination (I-IV)
 Radiographic Examination (Standard, 10 x-rays)

Additional radiographic examination:

X-rays from 26.04.2021

Additional other examinations:

FEI- / Equine passport available not available

Identification conforms with FEI-/ Equine passport

Name: O'Hara DV	Breed Warmblut
Sex: Female	Colour: Brown
Age (Teeth): 06.05.2014	Brand:
Markings:	

Identification number:

056-002-W00307362

Transponder:

981100002952779

Food-producing animal Non-food producing animal Appendix not existing Appendix not filled out

Was the horse tried out?

Yes No

Irregularities:

General examination

Body condition: normal

Coat and skin: normal.

Conspicuous scars: yes no

Skin tumors: no yes

Rectal temperature: °C

Pulse: / min

Quality: normal

Respiration at rest: / min

difficulties on inspiration difficulties on expiration

Visual examination of head: normal.

Conjunctiva: normal

Mandibular lymph nodes: normal

Jugular veins: normal

Nasal discharge: no yes

Spontaneous cough: no yes

Examination at rest

Nervous system: * normal

Any indications of paralysis and problems of the central nervous system

Eyes: * normal

Anterior segment including lids, conjunctiva, cornea, anterior chamber, iris and adnexa

Behaviour: * normal.

Respiratory system

Cough reflex: * normal

Auscultation of the trachea: * normal

Auscultation of the lungs: * normal

following respiratory stimulation: * normal

Heart: * normal

Oral exam.(front part): * normal

Urogenital Exam: normal

Faeces: normal

Blood test (Doping)

direct examination

store for 6 months

no examination

Muscoskeletal Exam at rest

Examination of the back, pelvis and neck:

normal

Right tuber sacrale higher than left

Examination of the limbs

Left front:

normal

front left small overbone at the grip bone, not pressure

Right front:

normal

Left hind:

normal

Right hind:

normal

Shoeing:

normal

Walk and trot on hard surface (straight line) :

normal

on the circle:

normal

Pain in turns:

normal

Flexion tests

LF: neg. pos.

LH: neg. pos.

RF: neg. pos.

RH: neg. pos.

Pain during flexion:

none

Examination during movement

Movement (until intensive breathing occurs) lunging with side reins ridden running free

Abnormal movement: yes no

Abnormal breathing sound: yes no

Coughing: yes no

Heart auscultation: normal

Lung auscultation: normal

Heartrate und breathing rate after movement

	In rest	directly after movement	after 10 min.	after min.
Heartrate	36	84	42	
Breathing rate	14	68	20	

Additional examinations

Discussion of the results

At the day of the examination there are no significant findings which could be related to a clinical pathology

Comments

Der Auftraggeber bestätigt, dass die Allgemeinen Vertragsbedingungen Inhalt des Untersuchungsauftrages sind, und dass er über die sich aus den erhobenen Befunden möglicherweise ergebenden Risiken umfassend aufgeklärt wurde. Der Unterzeichner erklärt, vom Auftraggeber zur Abgabe aller im Zusammenhang mit der Untersuchung erforderlichen Erklärungen bevollmächtigt zu sein.

Ort, Datum Biwer _____, den 20.12.2021

Auftraggeber bzw. Bevollmächtigter



Thomas Stöckl

Digital unterschrieben von Thomas
Stöckl
Datum: 2021.12.20 12:21:46
+01'00'

Tierarzt